

Massachusetts Department of Public Health

Immunization Program

Vaccine*	Summary of ACIP Recommended Groups for Vaccination
DTaP	1. All children 2 months-6 years of age. Please note: DTaP vaccine is not licensed for individuals ≥ 7 years of age.
DT	1. Children ≤ 6 years of age with true and valid contraindications to pertussis vaccine.
Hepatitis A	1. All children 12-23 months of age. 2. "Catch-up" vaccination of unvaccinated children 2-18 years of age can be considered. Such programs might be especially warranted if there is increasing incidence or ongoing outbreaks among children or adolescents. 3. High-risk individuals including: <ul style="list-style-type: none"> • Men who have sex with men. • Persons with chronic liver disease, including hepatitis C. • Persons with clotting factor disorders. • Users of injection and illicit drugs. • Persons who have occupational risk for infection (working with Hepatitis A virus (HAV) in a research laboratory setting or with HAV infected primates). No other populations have been demonstrated to be at increased risk for HAV infection because of occupational exposure. • Persons traveling to, or working in, countries that have high or intermediate endemicity. • Persons ≥ 2 years of age who live in communities experiencing outbreaks of HAV (if indicated by local epidemiologic data). 4. All other persons seeking protection from HAV infection.
Hepatitis B (continued on following page)	Routine Pediatric and Adolescent Recommendations <ol style="list-style-type: none"> 1. Infants born to mothers who are hepatitis B surface antigen (HBsAg)-positive. 2. All infants. 3. All unvaccinated children and adolescents < 19 years of age. Adult Recommendations Persons at risk for infection by sexual exposure <ol style="list-style-type: none"> 1. Sex partners of HBsAg-positive persons. 2. Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months). 3. Persons seeking evaluation or treatment for a sexually transmitted disease. 4. Men who have sex with men. Persons at risk for infection by percutaneous or mucosal exposure to blood <ol style="list-style-type: none"> 5. Current or recent injection-drug users. 6. Household contacts of HBsAg-positive persons. 7. Residents and staff of facilities for developmentally disabled persons. 8. Health-care and public safety workers with reasonably anticipated risk for exposure to blood or blood-contaminated body fluids. (Please note: Employers covered by federal OSHA regulations are responsible for supplying hepatitis B vaccine to their at-risk employees.) 9. Persons with end-stage renal disease, including predialysis, hemodialysis, peritoneal dialysis, and home dialysis patients. Other <ol style="list-style-type: none"> 10. International travelers to regions with high or intermediate levels (HBsAg prevalence of $\geq 2\%$) of endemic hepatitis B virus (HBV) infection. 11. Persons with chronic liver disease. 12. Persons with HIV infection. 13. All other persons seeking protection from HBV infection. <p style="text-align: right;">Hepatitis B continued on following page→</p>

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Hepatitis B (continued)	<p>High Risk Settings Settings where vaccination is recommended for all adults, because a high proportion of individuals have risk factors:</p> <ol style="list-style-type: none"> 14. STD treatment facilities. 15. HIV testing and treatment facilities. 16. Facilities providing drug-abuse treatment and prevention services. 17. Health-care settings providing services for injection-drug users or men who have sex with men. 18. Correctional facilities. 19. End-stage renal disease programs and facilities for chronic hemodialysis patients. 20. Institutions and nonresidential daycare facilities for persons with developmental disabilities.
Hib	<ol style="list-style-type: none"> 1. All children 2-59 months of age. 2. Children 5 years of age and older, and adults, with immunological or other host defense abnormalities such as sickle cell disease, anatomic asplenia, scheduled splenectomy, HIV infection, IgG2 subclass deficiencies or those receiving chemotherapy.
Human Papillomavirus (HPV)	<ol style="list-style-type: none"> 1. All females 11-12 years of age. The vaccination series can be started in females as young as 9 years of age. 2. "Catch-up" vaccination for females 13-26 years of age who have not been vaccinated previously or who have not completed the full vaccine series. <p>Please note: HPV vaccine is only licensed for females 9-26 years of age.</p>
Influenza	<p>Annual influenza vaccination is recommended for:</p> <p>I. Persons at Increased Risk for Influenza-Related Complications</p> <ol style="list-style-type: none"> 1. All children 6-59 months of age. 2. All persons ≥ 50 years of age. 3. Women who will be pregnant during influenza season. 4. Persons 6 months-18 years of age who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza virus infection. 5. Persons ≥ 6 months of age who: <ul style="list-style-type: none"> • Have chronic cardiovascular or pulmonary conditions, including asthma. • Have required regular medical follow-up or hospitalization during the preceding year due to chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or HIV). • Have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration. 6. Residents of long-term care facilities that house persons of any age with chronic medical conditions. <p>II. Persons Who Can Transmit Influenza to Persons at High Risk</p> <ol style="list-style-type: none"> 1. Personnel in hospital and outpatient settings, including emergency response workers. 2. Employees of long-term care facilities who have contact with patients or residents. 3. Employees at assisted living and other residences for persons in high-risk groups. 4. Persons who provide home care to persons in high-risk groups. 5. Household contacts (including children) of persons in high-risk groups. 6. Household contacts and out-of-home caretakers of children 0-59 months of age. <p>III. General Population, depending on vaccine availability</p> <ol style="list-style-type: none"> 1. Persons who provide essential community services. 2. Students and other persons in institutional settings (e.g., dormitories). 3. Certain travelers. 4. Anyone who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected.

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Meningococcal Vaccines (Meningococcal Conjugate vaccine [MCV4]: licensed for ages 11-55; Meningococcal Polysaccharide vaccine [MPSV4]: licensed for ages ≥2 years)	<ol style="list-style-type: none"> All adolescents 11-18 years of age. <ul style="list-style-type: none"> Routinely administered at 7th grade entry (11-12 years of age) Adolescents at high school entry (i.e., at approximately 15 years of age) Routine catch-up of adolescents 13-18 years of age who have not yet received meningococcal vaccine Other high-risk individuals including: <ul style="list-style-type: none"> College freshmen living in dormitories. Laboratory workers who have routine exposure to <i>Neisseria meningitidis</i>. Military recruits. People who travel to or live in countries in which <i>N. meningitidis</i> is hyperendemic or endemic. Persons with terminal complement deficiency. Persons with functional (i.e., sickle cell disease) or anatomic asplenia. People with potential exposure to meningococcal disease during an outbreak when recommended by public health authorities. Persons who wish to decrease their risk for meningococcal disease may elect to be vaccinated. <p>Meningococcal vaccine may be considered for persons with HIV infection.</p>
MMR	<ol style="list-style-type: none"> All children 12 months-18 years of age. <ul style="list-style-type: none"> The 1st dose is routinely administered at 12-15 months of age. The 2nd dose is routinely administered at kindergarten entry (4-6 years of age). A 2nd dose “catch-up” MMR vaccination for all children and adolescents who previously received 1 dose. All individuals ≥19 years of age, who were born in or after 1957 should receive 1 dose of MMR vaccine. A 2nd dose is recommended for adults at high risk (i.e., persons who work in health-care facilities, international travelers, and students at post-high school educational institutions). All health-care workers: <ul style="list-style-type: none"> Born in or after 1957: 2 doses. Born before 1957: 1 dose. Any contact of a suspect or confirmed case without documentation of 2 doses of MMR vaccine.
Pneumococcal Conjugate (PCV7)	<ol style="list-style-type: none"> All children 2-23 months of age. Children 24-59 months of age with high-risk medical conditions, including cochlear implants. Please refer to the pneumococcal polysaccharide vaccine section. May be considered for children 24-59 months of age, with priority given to: a) all children 24-35 months of age; and b) children 36-59 months of age who are African American, American Indian, Alaska Native, or attending out of home child care.
Pneumococcal Polysaccharide (PPV23)	<ol style="list-style-type: none"> All adults 65 years of age and older. Persons 2-64 years of age: <ul style="list-style-type: none"> With chronic illnesses, including cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, liver disease, renal failure or nephrotic syndrome and CSF fluid leaks. With anatomic or functional asplenia (e.g., sickle cell disease). Who have or are scheduled to have cochlear implants. Who are immunocompromised, including those with congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkin disease, generalized malignancy, organ or bone marrow transplantation and those with immunosuppression caused by chemotherapy, radiation therapy or high-dose, long-term corticosteroids. Who live in long-term care facilities. Who are American Indian or Alaska Native.
Polio	<ol style="list-style-type: none"> All children 2 months-18 years of age. Adults in high-risk groups: <ul style="list-style-type: none"> Those traveling to areas with endemic or epidemic polio. Laboratory workers who handle poliovirus. Health-care workers caring for polio patients.

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Rotavirus	<ol style="list-style-type: none"> 1. All infants 6-32 weeks of age. <p>Please note: rotavirus vaccine is not licensed for use in infants >32 weeks of age.</p>
Td	<ol style="list-style-type: none"> 1. All those ≥ 7 years of age without a primary series of tetanus-diphtheria containing vaccine.[¶] 2. A booster dose every 10 years.[¶] 3. Wound management of those ≥ 7 years of age.[¶] 4. Persons traveling to countries at high risk for diphtheria.[¶] 5. Pregnant women who are under-immunized. 6. Those at occupational risk who are under-immunized.[¶] <p>[¶]Substitute 1 dose of Tdap for Td for those 10-64 years of age. Please note: Td vaccine is not licensed for use in individuals <7 years of age.</p>
Tdap (Boostrix®: licensed for ages 10-18 years; Adacel™: licensed for ages 11-64 years)	<p>Tdap is licensed for use as a <i>single</i> booster dose. Substitute 1 dose of Tdap for Td in:</p> <p>Adolescents (10-18 years of age)</p> <ol style="list-style-type: none"> 1. All adolescents 11-12 years of age (those entering 7th grade). 2. Adolescents 13-18 years of age who have <u>not</u> yet received a dose of Td. 3. Tdap is encouraged for adolescents who have already received Td to protect against pertussis. 4. Individuals who are un- or under-vaccinated for wound prophylaxis. 5. Individuals who have been exposed to pertussis or in an outbreak setting. <p>Adults (19-64 years of age)</p> <ol style="list-style-type: none"> 1. A <i>single</i> dose of Tdap to replace a single dose of Td. 2. Special emphasis on adults with close contact with infants <12 months of age. <ul style="list-style-type: none"> • Parents, particularly in the postpartum period. • Child care workers. • Health-care providers. 3. Individuals un- or under-vaccinated for wound prophylaxis. 4. Individuals who have been exposed to pertussis or in an outbreak setting. <p>Please note: No Tdap formulation is licensed for use in individuals ≥ 65 years of age.</p>
Varicella	<ol style="list-style-type: none"> 1. All preschool and school-aged children should be administered routinely 2 doses of varicella-containing vaccine. <ul style="list-style-type: none"> • The 1st dose routinely administered at 12-15 months of age. • The 2nd dose routinely administered at kindergarten entry (4-6 years of age). 2. Children, adolescents and adults without evidence of immunity to varicella should receive 2 doses of varicella vaccine. 3. A 2nd dose “catch-up” vaccination is recommended for children, adolescents, and adults who previously had received 1 dose. 4. Susceptible contacts of confirmed or suspect cases of varicella, including those who have previously received only 1 dose. <p>Persons at high risk for transmission</p> <ol style="list-style-type: none"> 1. Susceptible health-care workers. 2. Susceptible postpartum women. 3. Susceptible child care providers, teachers of young children, residents/staff in institutional settings). 4. Susceptible college students, inmates/staff in correctional facilities, military personnel. 5. Susceptible contacts of immunocompromised individuals, regardless of age. 6. Susceptible non-pregnant women of childbearing age. 7. Susceptible adolescents and adults living in households with children. 8. Susceptible international travelers.

The information in this table is a summary of the Advisory Committee on Immunization Practices (ACIP) recommendations. Complete ACIP recommendations for each vaccine can be accessed at the ACIP website www.cdc.gov/nip/ACIP/default.htm.

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